

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15G392</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/21/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CARDINAL SERVICES INC OF INDIANA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 WEST MAIN ST</b> <b>SILVER LAKE, IN 46982</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{W 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a 23-day revisit to the pre-determined full recertification and state licensure survey completed 9/30/2011 that resulted in IMMEDIATE JEOPARDY at W122 and W318.</p> <p>Dates of Survey: October 20 and 21, 2011.</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP.</p> <p>Provider Number: 15G392 Facility Number: 000906 AIM Number: 100235160</p>			{W 000}			
{W 122}	<p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on observation, interview, and record review, the facility failed to meet the Condition of Participation: Client Protections, for 1 of 2 clients (client #5) who had PICA (eating inedible items) behavior. The facility neglected to develop and implement effective interventions to protect the client and to ensure sufficient supervision of client #5 to address the identified PICA behavior.</p> <p>This noncompliance resulted in an IMMEDIATE</p>			{W 122}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 122}	<p>Continued From page 1</p> <p>JEOPARDY. The immediate jeopardy was identified on 9/27/11 at 9:10am. The immediate jeopardy began on 8/30/11 when the facility staff neglected to implement the agency policy and procedure for abuse, neglect, and mistreatment. The facility staff neglected to provide effective staff supervision and failed to protect client #5 from her identified PICA behavior. The facility staff failed to develop and implement effective corrective interventions to address client #5's continued PICA behavior. The Agency's Residential Coordinator (RC) was notified of the Immediate Jeopardy on 9/27/11 at 9:10am.</p> <p>During monitoring observations at the facility owned day service on 9/28/11 from 12:15pm until 1:10pm, client #5 was observed to sit on the floor in the program room, licked a magazine, chewed on the corners of the pages of a magazine, licked her nose with her tongue, picked lint from the floor and ate the lint. Client #5 was not observed to be redirected each time by facility staff. The Immediate Jeopardy was not removed.</p> <p>On 10/20/11 at 1:30pm, the facility's Plan of Correction indicated "[Client #5's] Self-Management Plan was revised to better define PICA and to clarify the level of staff supervision and interventions. On 09/28/2011 a tracking sheet noting specific PICA behavior and requiring that staff document ingested items was created. On 09/28/2011 staff in the group home was trained on the amended plan and the additional tracking sheet. On 10/03/2011 staff in the facility based Day Program were trained on the amended plan and additional tracking sheet. On 09/28/2011 group home staff was retrained on Cardinal Services Inc. Incident/Abuse/Neglect</p>			{W 122}			

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{W 122}	<p>Continued From page 2</p> <p>Policy which contains the guidelines for incident reporting. The Residential Manager and group home staff will be trained specifically on reporting injuries of unknown origin by October 10, 2011. To ensure this deficiency does not occur again, the Residential Manager, QMRP and Residential Coordinator will monitor the implementation of all individualized plans through daily, weekly, monthly and quarterly written observations. QDP, Residential Manager and Residential Coordinator Responsible."</p> <p>The Immediate Jeopardy was removed on 10/21/11 when through observation, interviews, and record reviews, it was determined the facility had implemented the plan of action to remove the Immediate Jeopardy and the steps taken removed the immediacy of the problem. The Immediate Jeopardy was removed as the following actions were taken:</p> <ol style="list-style-type: none"> <li>1. A review of the facility staff and workshop staff training records was completed on 10/20/11 at 1:30pm. The training records indicated staff had completed staff training for each client's BSP and protocols for protecting other clients from the behaviors. Observation of the completed training was documented for the group home staff.</li> <li>2. A Review of the Agency's "Pop In" visits conducted by professional staff was completed on 10/20/11 at 1:30pm, and indicated multiple "Pop In" visits which had been conducted by professional staff between 9/6/11 and 10/20/11.</li> <li>3. Client #5's Behavior Support Plan (BSP) was reviewed at the workshop on 10/20/11 at 2:12pm. Client #5's workshop documentation was</li> </ol>			{W 122}			

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{W 122}	<p>Continued From page 3</p> <p>reviewed and an updated 10/3/11 tracking sheet for behaviors was identified by the two workshop staff on duty in the program room. Client #5's 10/3/11 behavior tracking record indicated client #5 had behaviors of "licking" from the floor on 10/6 and 10/10. Client #5 "licked" a magazine on 10/11 and 10/12. Client #5 had "eaten inedibles" on 10/12 eating the "table" and on 10/14 a "pencil." Client #5's record indicated she was redirected each time by facility staff when her behavior was recorded.</p> <p>During observation on 10/20/11 from 1:40pm until 2:25pm, at the workshop and on 10/20/11 from 4:05pm until 5:20pm, clients #2, #3, #4, #5, and #8 were at the group home and client #8 was observed within eye sight of facility staff while she was present at the group home. Client #5 was within eye sight of facility staff until she independently got up from her chair and took a picture book to her bedroom. Upon noticing client #5 had left the area staff immediately located her.</p> <p>Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at the Condition of Participation: Client Protections, because the facility had not completed adequate monitoring to ensure the effectiveness of the plan of correction. The facility was in the process of completing the implementation of their plan of correction to supervise client #5.</p>			{W 122}			
{W 318}	<p>9-3-2(a)</p> <p>483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met.</p>			{W 318}			

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{W 318}	<p>Continued From page 4</p> <p>This CONDITION is not met as evidenced by: Based on observation, record review, and interview, the Condition of Participation: Health Care Services, was not met as the facility failed to provide adequate health care monitoring and oversight of medication administration for 3 of 8 clients (clients #1, #3, and #7) with significant medication errors.</p> <p>This noncompliance resulted in an IMMEDIATE JEOPARDY. The immediate jeopardy was identified on 9/27/11 at 9:10am. The immediate jeopardy began on 6/28/11 when the facility failed to provide nursing oversight, failed to develop effective interventions to prevent further medication errors, and failed to monitor staff passing medications. The Agency's Residential Coordinator (RC) was notified of the Immediate Jeopardy on 9/27/11 at 9:10am. The Immediate Jeopardy was not removed.</p> <p>On 10/20/11 at 1:30pm, the facility's submitted plan indicated "The facility must provide clients with nursing services in accordance with their needs. In order to assure that specific, accurate communication occurs between the nurse and the physician when a medication error is committed the Medication Error Report form will be revised to include fields for the exact follow up recommendations from the prescribing physician by 10/10/2011. Nurses will be trained on the form revisions by 10/10/2011. In order to assure that Direct Support Professionals are informed of the prescribing physician's recommendations when a medication error has been committed and</p>			{W 318}			

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{W 318}	<p>Continued From page 5</p> <p>accurate monitoring occurs, a Client Medication Error Follow Up/Results form will be created by 10/10/2011. This form will include fields for the name of the person served, the exact medication error, the recommendations follow along orders from the prescribing physician, monitoring results and any noted adverse effects. This form will be reviewed as needed and monthly by the Nurse and then filed in the person served main file. The form will be trained on and implemented by 10/23/2011. In order to ensure that staff are provided with adequate equipment to monitor blood pressure for Clients #1, #2, #3, #4, #5, #6, #7 and #8 the group home will be equipped with a manual blood pressure cuff and stethoscope by 10/10/2011. In order to assure that all people receiving Residential services through Cardinal Services Inc. receive adequate medical supports each group home will be equipped with a manual blood pressure cuff and stethoscope by 10/10/2011. Ongoing monitoring will occur to ensure consistent implementation through monthly document review by the Residential Manager and Support Services Coordinator. Support Services Coordinator, Nurse and Residential Manager Responsible."</p> <p>The Immediate Jeopardy was removed on 10/21/11 when through observation, interviews, and record reviews, it was determined the facility had implemented the plan of action to remove the Immediate Jeopardy and the steps taken removed the immediacy of the problem. The Immediate Jeopardy was removed as the following actions were taken:</p> <p>1. A review of the facility staff and workshop staff training records was completed on 10/20/11 at</p>			{W 318}			

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{W 318}	<p>Continued From page 6</p> <p>1:30pm. The training records indicated staff had completed staff training for medication administration and each staff had two successful monitoring for medication administration completed. Observation of the completed training was documented for the group home staff.</p> <p>2. A Review of the Agency's "Pop In" visits conducted by professional staff was completed at the group home on 10/20/11 at 1:30pm, and indicated multiple "Pop In" visits which had been conducted by professional staff between 9/6/11 and 10/20/11. No medication errors were recorded for the period from 9/26/11 through 10/20/11.</p> <p>During observation on 10/20/11 from 1:40pm until 2:25pm, at the workshop and on 10/20/11 from 4:05pm until 5:20pm, clients #2, #3, #4, #5, and #8 were at the group home. Two of the Direct Care Staff (DCS) on duty demonstrated the facility's checks for medication administration during the Medication Pass observed on 10/20/11 at the group home.</p> <p>Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at the Condition of Participation: Health Care Services, because the facility had not completed adequate monitoring to ensure the effectiveness of the plan of correction and "Pop in visits" for the workshop staff.</p> <p>9-3-6(a)</p>			{W 318}			